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Mar 02 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18309** (7)

1. Corporation Name

**HOSPICE FOUNDATION OF NAPLES, INC.**

Principal Place of Business

Mailing Address

**1095 WHIPPOORWILL LANE  
NAPLES FL 33999  
US**

**1095 WHIPPOORWILL LANE  
NAPLES FL 33999  
US**

3. Date Incorporated or Qualified

**12/17/1986**

4. FEI Number

**59-2756938**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COX, DIANE S.  
1095 WHIPPOORWILL LANE  
NAPLES FL 34105**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **V WILDER, F. DANIEL**  
STREET ADDRESS **42 GOLF COTTAGE DRIVE**  
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE **TRUSTEE/VICE PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **T BERRY, DONALD L.**  
STREET ADDRESS **801 LAUREL OAK DR., SUITE 301**  
CITY-ST-ZIP **NAPLES FL**

2.1 TITLE **TRUSTEE** ☐ Change ☒ Addition  
2.2 NAME **ED CHEFFY**  
2.3 STREET ADDRESS **821 FIFTH AVE S., STE 201**  
2.4 CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ DELETE  
NAME **D COLE, PHILIP W.**  
STREET ADDRESS **1400 GULF SHORE BLVD, N**  
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE **TRUSTEE** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **P MARTIN, JAMES L.**  
STREET ADDRESS **975 6TH AVE S.**  
CITY-ST-ZIP **NAPLES FL**

4.1 TITLE **TRUSTEE/PRESIDENT** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **ED COX, DIANE S.**  
STREET ADDRESS **1095 WHIPPOORWILL LN**  
CITY-ST-ZIP **NAPLES FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **TRUSTEE** ☐ Change ☒ Addition  
6.2 NAME **LOIS PHELPS**  
6.3 STREET ADDRESS **7557 CORDOBA CIR**  
6.4 CITY-ST-ZIP **NAPLES, FL 34109**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diane S. Cox* **DIANE S. COX** 1/5/98 941-261-4404

CR2E037 (10/97)